

Iowa Department of Transportation

Authorizing Resolution

Instructions

we, hereby, author	only signature allowed on agreements between the applicant and the Iowa DOT (Name of authorized signatory)				
on behalf of	designated transit system (Legal name of applicant)				
to apply for finance Department of Tra	ial assistance as noted below and to enter into related contract(s) with the Iowa nsportation.				
From the State	Transit Assistance (STA) Program:				
	Percent of formula funds; projected percent of STA formula funds				
	unds for transit in nonurbanized areas and/or for transit serving primarily elderly erson with disabilities:				
\$ Fed	eral dollars only Section 5310 or 5311 funding amount (operating or capital)				
From statewide	e federal capital assistance for transit:				
\$ Fed	Federal dollars only Any capital projects programmed under Section 5309				
From federal f	unds from the Job Access/Reverse Commute program:				
\$ Fed	eral dollars only Any project programmed under Section 5316				
From federal f	unds from the New Freedom program:				
\$ Fed	eral dollars only Any project programmed under Section 5317				
We understand acclabor protection pr	reptance of federal transit assistance involves an agreement to comply with certain ovisions.				
We certify that	Designated Transit System has sufficient non-federal (legal name of applicant)				
funds to provide re	equired local match for capital projects and at time of delivery will have the funds to ain vehicles and equipment purchased under this project.				
We request that Statransit system cash	ate Transit Assistance formula funding be advanced as allowed by law to improve flow.				
Adopted the	_day of				
Name:	(AssEssella consell 1 1 1)				
By:	(Applicant's governing body)				
Title:	(Signature of chief executive officer)				

Address:		
Telephone:		